

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046874

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6555

FILED JAN 7 1963

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR

TOWN Kansas City

Length of stay in lb

44 yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION Saint Joseph Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY

OR

TOWN Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)  
145 South Hardesty

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Orland

Middle

Vance

Last

Ellis

4. DATE

OF

DEATH

Month

Day

Year

December 22 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

3/15/1894

## 9. AGE (last birthday)

68

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

molder

## 10b. KIND OF BUSINESS OR INDUSTRY

machine co.

## 11. BIRTHPLACE (City and state or country)

Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Alfred D. Ellis

## 13b. MOTHER'S MAIDEN NAME

Minnie Dunn

## 14. NAME OF HUSBAND OR WIFE

Mary Ellis

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Wilson Ellis 5422 W. 61st

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) *arterio-sclerotic cardio-vascular disease*

## INTERVAL BETWEEN ONSET AND DEATH

? yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

*advancing years*

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

*Alcohol - mild*

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

## 20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 1960 to 1962 and last saw her alive on Dec 22. 62

Death occurred at 11:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

*R. Paul Wright M.D.*

## 22b. ADDRESS

*Kansas City, Mo. 1324 Prof. Hill*

## 22c. DATE SIGNED

*Dec 24. 62*

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

12/24/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Floral Hills

## 23d. LOCATION (City, town, or county)

Kansas City, Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Stine &amp; McClure Kansas City, Missouri

## 25. DATE RECD. BY LOCAL REG.

12.24.62

## 26. REGISTRAR'S SIGNATURE

*Ruth Long*

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

Paul Wright MEDICAL CERTIFICATION

Dr Paul Wright  
1324 Springfield  
11 2-13-68

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Eugene Lehman

Licensed Embalmer No. 4633  
P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.